

SAMPLE using TEMPLATE 1

Title: 10.1(a to j) Injury / Incident Investigations	Date of Issue: July 2005
Approved by: John Idnc	Review / Revise Date: July 2006
Location: all facilities	

PURPOSE

To identify all immediate and basic causes of the incident and make the necessary recommendations to prevent the injury/incident from recurring.

SCOPE

Review quarterly reports of the following injury / incident types to determine any investigative needs:

- First aid
- Health Care
- Near miss

Definitions:

- First Aid: Includes but is not limited to: cleaning minor cuts, scrapes or scratches; treating a minor burn, applying bandages and/or dressings, cold compress, cold pack, ice bag, splint, changing a bandage or a dressing after a follow-up observation visit and any follow-up for observation purposes only
- Health Care: An injury that results in attention received from a recognized health care provider but that does not result in time away from scheduled work nor a wage loss.
- Near Miss: An event that under different circumstances could have resulted in physical harm to an individual or damage to the environment, equipment, property and/or material.

The following categories of injury/incidents may produce a loss to people, equipment, material and environment. Immediate investigation of the following is required:

- Fatality: An injury that results in the loss of life
- Critical Injury: As defined in the Ontario Regulation 834/90
- Lost time: A work related injury that results in the injured employee missing scheduled time from work resulting in a wage loss.

- Property Damage: An event where contact is made between two objects resulting in alteration to one or both of the objects.
- Occupational Illness: A condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that normal physiological mechanisms are affected and the health of the worker is impaired.
- Environmental Release: An accidental discharge of a physical, biological or chemical substance into the workplace and/or community.
- Fire/Explosion: An event where undesired combustion occurs.

COMMUNICATION

The results and the injury/incidents will be communicated to the employees in a number of ways:

- minutes of the health & safety committee meetings
- supervisors holding safety talks with employees
- through postings on safety bulletin boards
- testimonial by the involved employees.

The joint health & safety committee will assist in all areas with remedial actions and recommendations.

Notification Requirements:

- Critical and fatal injuries (under Critical injury regulation) require you contact the Ministry of Labour immediately and a written investigation report must be completed and sent within 48 hours.
- Fire and Explosion (Ministry of Labour) (Immediately, if it results in an injury)
- Chemical Releases (Ministry of Environment) (Immediately)
- Lost time, Health Care, Modified work required as a result of first aid and only extending beyond 7 days. (Workplace Safety and Insurance Board) (Form 7 completed within 3 days of being advised of the injury and submitted to WSIB within 7 days)

ROLES and RESPONSIBILITIES

Manager/Supervisor

- The responsible supervisor investigates the injury/incident and completes the investigation within 24 hours of the injury/incident.
- In the case of personal injury the supervisor ensures that the injured employee(s) receives appropriate healthcare.
- The supervisor contacts a worker representative from the joint health and safety (JHSC) designated to investigate the injury/incident, to assist in the investigation.
- The supervisor notifies appropriate company personal as soon as possible.

Note: The supervisor and the worker representative can request assistance from other managers, supervisors, or any other source that may be available. They are also responsible for securing the scene of the injury/incident.

Worker designate of the Joint Health and Safety Committee:

- The Worker Representative selected by the worker members of the health and safety committee, investigates all injures/incidents.
- The worker representative must be involved in the investigation of a fatality or critical injury.
- The worker representative and the supervisor together conduct the investigation and assist in completing the report. Both the supervisor and the worker representative sign the injury/incident investigation report.
- Where required by legislation the worker representative submits a copy of the injury/incident investigation to the appropriate authority.
- Joint Health and Safety Representatives ensure checklist and investigation reports are completed and signed by the appropriate worker and management representative of the Joint Health and Safety Committee.

Investigator Responsibilities:

Collect Information:

- Interview Workers Involved,
- Interview Witnesses
- Interview Outside Experts If Applicable I.E. Suppliers, Equipment Designers Etc.
- Insure The Interviews Are Conducted As Soon As Reasonably Possible.
- The Interviews Should Be Conducted In A Quiet Place, One On One.
- The Interview Must Be Documented.

Scene assessment

- Make Observations, On Site Assessment Of The Scene (Site, Equipment, Material).
- Use Photographs/Sketches/Drawings Etc.

Identify Contributing Factors

- Factors to consider are People, Equipment, Material, Environment and Process.

Write Report:

- Use the injury investigation report form to identify contributing factors through a review of items such as maintenance records, plant layout, training records, time of day, length of service in this - work area, etc. Consideration is given to lack of safety equipment enforcement and/or the need for safety equipment.
- The standard investigation reporting system (form) must capture all the requirements contained in the investigation procedure.
- Copies of the investigation report are sent to the appropriate people.

Recommendations for corrective action:

- Responsibilities must be assigned.
- Recommendations are documented on a standard form.
- The recommendations must focus on corrective actions(s) to all the contributing factors identified.

Recommendations should specify:

- What
- Why
- When

Recommendations are acted upon:

- Responsibility must be assigned.
- The actions must be recorded on a company standard form, it must include:
 - what has been done,
 - who has completed the actions, and
 - when the actions were completed.

TRAINING

All supervisors, managers and JHSC will be trained in injury / incident investigation procedures by the Health and Safety Association.

JHSC members and all supervisor / managers who are required to conduct investigations will receive formal investigation training. This training will occur within the first month of appointment to the JHSC or as a supervisor / manager.

EVALUATION

This procedure will be reviewed on an annual basis or if an investigation identifies revisions are required.

REFERENCES

Occupational Health and Safety Act (Section 51, 52)
Regulation 834/90: Definition of Critical Injury

Important Reminder

Companies may need to add a motor vehicle injury / incident reporting and / or investigation component.

Accident / Investigation Form

Last Name	First Name	Occupation/Job Title	Yrs. Experience in Occupation
Full Address			
City/Town			Postal Code
Division/Branch		Date of Occurrence (dd-mm-yy)	Time
Location		Date Reported (dd-mm-yyyy)	Time

Hazardous Situation
 Incident
 First Aid
 Health Care
 Lost Time
 Critical Injury

Describe what happened and, if applicable, describe injury. Attach an accident/incident diagram, if appropriate.

Describe the nature, date, time of first aid treatment, if applicable.

Signature of Person Reporting Incident
Please print form & sign

Part of Body Injured (Indicate "R", "L" or "B", where applicable)

<input type="checkbox"/> Head	<input type="checkbox"/> Low back	<input type="checkbox"/> Hand/fingers	<input type="checkbox"/> Ankle/foot
<input type="checkbox"/> Eye	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Hip	<input type="checkbox"/> Other
<input type="checkbox"/> Neck	<input type="checkbox"/> Elbow	<input type="checkbox"/> Upper leg	
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Lower arm	<input type="checkbox"/> Knee	
<input type="checkbox"/> Upper back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Lower leg	

Type of Accident/Incident

Check off (✓) statements that best describe the accident/incident:

<input type="checkbox"/> Repetitive strain	<input type="checkbox"/> Slip/fall	<input type="checkbox"/> Exposure to
<input type="checkbox"/> Acute strain (lifting, pulling, carrying)	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Caught in/under/between	<input type="checkbox"/> Client/employee action	
<input type="checkbox"/> Struck, contacted by/with/against	<input type="checkbox"/> Cut/bruise	

Witnesses

Name	Telephone
Address	
Name	Telephone
Address	
Physician's Name	Telephone
Address	

(continued)

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Remember to attach witness(es) statement(s) on the company Witness Statement form

Causes: Check (✓) all that are applicable

Conditions	Practices
<input type="checkbox"/> Congestion or restricted action	<input type="checkbox"/> Improper body position/ posture
<input type="checkbox"/> Poor housekeeping; disorderly workplace	<input type="checkbox"/> Tasks not varied/microbreaks not taken
<input type="checkbox"/> Slip/trip hazards	<input type="checkbox"/> Unnecessary rushing
<input type="checkbox"/> Lack of /inappropriate furniture/equipment	<input type="checkbox"/> Improper lifting
<input type="checkbox"/> Design or arrangement of furniture/equipment	<input type="checkbox"/> Unsafe loading/placement
<input type="checkbox"/> Defective furniture, tools, equipment or materials	<input type="checkbox"/> Using defective equipment
<input type="checkbox"/> Inadequate or excessive illumination	<input type="checkbox"/> Using equipment improperly
<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/> Altering or modifying equipment
<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Not using personal protective equipment or failing to use properly
<input type="checkbox"/> Inadequate or improper protective equipment	<input type="checkbox"/> Not following appropriate procedures
<input type="checkbox"/> Fire and explosion hazards	<input type="checkbox"/> Inappropriate conduct
<input type="checkbox"/> Inadequate warning systems	<input type="checkbox"/> Hazardous personal attire
<input type="checkbox"/> Irrate client/employee action	<input type="checkbox"/> Other (explain):
<input type="checkbox"/> Adverse weather	
<input type="checkbox"/> Other (explain):	

What are the reasons for the existence of these practices and/or conditions?

Prevention/Corrective Action

Actions to prevent accident/incident recurrence. Check (✓) those actions taken to prevent recurrence. Mark with (P) other corrective actions decided upon or planned but not yet carried out. More than one item may apply.

<input type="checkbox"/> Training/ instruction of person involved	<input type="checkbox"/> Request ergonomic assessment
<input type="checkbox"/> Improve work procedures	<input type="checkbox"/> Request environmental assessment
<input type="checkbox"/> Inform staff/managers of safe work procedures	<input type="checkbox"/> Correction of work area
<input type="checkbox"/> Perform job safety analysis	<input type="checkbox"/> Recommend development/improvement to training/OH&S program
<input type="checkbox"/> Inform staff/managers of hazard and how to protect themselves	<input type="checkbox"/> Reassess work standards
<input type="checkbox"/> Notify appropriate individuals	<input type="checkbox"/> Reassignment of person
<input type="checkbox"/> Improve engineering/design	<input type="checkbox"/> Improve housekeeping
<input type="checkbox"/> Improve inspection procedures	<input type="checkbox"/> Other: (describe)
<input type="checkbox"/> Tools, equipment, furniture repair or replacement	

Remember that **All** corrective action taken must be documented on the Corrective Action form

Describe Actions Taken

Investigated By:

Manager's Signature <div style="background-color: #f0f0f0; padding: 2px; text-align: center;">Please print form & sign</div>	Name (please print)	Date (dd-mm-yyyy)
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Reviewed By:

Director/Program Head Signature <div style="background-color: #f0f0f0; padding: 2px; text-align: center;">Please print form & sign</div>	Name (please print)	Date (dd-mm-yyyy)
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Copies forwarded as per Accident Investigation Procedures (CHC, Chairperson of JOH&SC, Management, Ministry of Labour)

Witness Statement Form

Date of Injury / Incident:

Injury / Incident number:

Name of Witness:

Date:

Name of interviewer:

Details of interview:

Signature of witness: _____

Signature of interviewer: _____

Corrective Action Form

Date of Injury / Incident:

Injury / Incident number:

Date:

Corrective action taken (as indicated on the Accident / Investigation Form):

Recommendations	
Date assigned	
Responsibility assigned to:	
Details of what has been done	
Who has completed it	
When was it completed	